I. Introduction

In the event of the identification of even one case of smallpox, the Indiana State Department of Health (ISDH) must be prepared to respond robustly. The ISDH must be ready to quickly detect the incident or outbreak, describe its epidemiology, and implement measures to control its spread. Planning for this response is crucial to the success of the control measures implemented.

This plan comprises Indiana's response to a post-event smallpox outbreak as outlined by the Centers for Disease Control and Prevention (CDC) in the following resources:
- Smallpox Response Plan and Guidelines, draft 3 dated 21 September 2002
- Smallpox Vaccination Clinic Guide, dated 16 September 2002
- Guidance for Post-Event Smallpox Planning, letter dated 29 October 2002

The response plan uses the Federal Emergency Management Agency's (FEMA) four phases of an emergency: mitigation, preparedness, response, and recovery. This format was chosen, because it is a format that is familiar to all organizations that will respond in the event of a smallpox emergency.

II. Purpose

The plan has four elements that address various aspects of smallpox response. Each has its own purpose:
- The administration element describes those tasks needed for the general management of the statewide response to an outbreak of smallpox.
- The surveillance and epidemiology element addresses those tasks needed to ensure the detection of an outbreak as early as possible, track its spread, and provide the needed surveillance and epidemiological data to determine appropriate control measures.
- The vaccination element describes those tasks needed to ensure the vaccination of appropriate persons, up to and including Indiana's entire population, within ten (10) days of the first notification of an outbreak.
- The medical management element describes those tasks needed to ensure that those persons ill with smallpox receive appropriate medical care and do not continue the spread of the outbreak.

III. Scope

This plan applies to all Indiana state and local government entities. It also applies to those professional organizations, hospitals, and volunteer organizations that have agreed to support this plan through memoranda of agreement or understanding. This plan recognizes the interdependency of local governments in Indiana, as well as the potential that a multi-jurisdictional response will be required to manage the consequences of a smallpox outbreak. Therefore, the plan is intended to be supportive of and consistent with the comprehensive emergency management plans and terrorism incident response elements of local jurisdictions.

IV. Situation

A. Description of the Hazard

After eradicating smallpox worldwide, we are faced with the possibility that smallpox may be intentionally released into human populations. Smallpox is a serious illness caused by the variola virus. It is a member of the genus of orthopoxviruses, which are among the largest and most complex viruses known. Smallpox is a disease of humans only; there are no animal reservoirs or insect vectors for the disease.

The age distribution of smallpox cases in a population is dependent on the population's susceptibility. If the population is uniformly susceptible, with no immunity, then the distribution of smallpox would be similar to the age distribution of the population. Because the immunity in the U.S. population is assumed to be minimal, it is likely that all ages of the population would be affected if smallpox were reintroduced.

Smallpox is primarily transmitted by aerosolized droplets containing the virus to persons within six (6) or seven (7) feet of an infective case. Transmission from person-to-person does not occur until the earliest appearance of the rash. For these reasons, smallpox spreads more slowly than other diseases such as chickenpox and measles. Historically, by the time people had a rash typical of smallpox, they were confined to bed due to the illness and, therefore, would not expose as many people. However, in its earliest stages, the rash may be present in the oral mucosa only, and a person is likely to remain ambulatory. The saliva of the infected person will have virus present, and face-to-face contacts within six (6) to seven (7) feet of the infected individual will expose other persons.

B. Heightened Need for Public Health Preparedness and Planning

After the eradication of smallpox in 1980, two known stores of the virus were retained, one at the CDC in Atlanta, Georgia; and the other at the Institute of Virus Preparations in Russia. Throughout the 1980s, the USSR undertook a vigorous biowarfare program that included smallpox virus. Serious concerns have been raised that Soviet scientists may have sold strains of the smallpox virus after the collapse of the USSR, as they experienced diminished financial support for their laboratory work. Therefore, depending upon who may have the virus, a bioterrorism attack with the use of smallpox could become a reality.

Smallpox is a major bioterrorism threat because it has potential to cause high morbidity and mortality in a population that is no longer immune. A single case of smallpox would be considered an international public health emergency. One case would create widespread panic and call for extensive emergency control measures.

To aid in early identification of smallpox cases, the CDC has created an algorithm, "Evaluating Patients for Smallpox," to aid clinicians in evaluating patients who present for care with a rash. Through use of this algorithm, the risk of the patient having

smallpox can be rated as high, moderate, or low. Note: The algorithm is designed to evaluate the typical rash and smallpox. Patients with an earlier or with an atypical presentation will not be evaluated as high risk.

C. Vulnerability to Smallpox
Because the United States ceased routine childhood vaccination in 1971, most persons currently aged <30 years are totally susceptible to smallpox and, if exposed, are expected to contract the illness. Moreover, it is believed that immunity to smallpox after vaccination wanes over time, with little immunity remaining after 10 years. Therefore, it is likely that almost the entire population of the State of Indiana is susceptible to smallpox infection.

Because there have been no cases of smallpox in the world since 1977, few physicians have ever diagnosed or treated a case of smallpox infection. This fact would greatly complicate the response to a smallpox outbreak resulting from bioterrorist attack and may result in a delay in activating the response plan.

D.   Summation of Risk
While it is impossible to know the real risk for the release of smallpox, the severe consequences of such a release on the health of the citizens of Indiana requires a robust plan to address this potential threat.

E. Case Definition
The clinical case definition of smallpox is an illness with acute onset of fever ≥101° F followed by a rash characterized by vesicles or firm pustules in the same stage of development without other apparent cause. The case classification is as follows:
- Confirmed: A case of smallpox that is laboratory confirmed.
- Probable: A case that meets the clinical case definition that is not laboratory confirmed but has an epidemiological link to another confirmed or probable case.
- Suspected:
  1. A case that meets the clinical case definition but is not laboratory confirmed and does not have an epidemiological link to a confirmed or probable case of smallpox OR
  2. A case that has atypical presentation that is not laboratory confirmed but has an epidemiological link to a confirmed or probable case of smallpox.

Atypical presentations of smallpox include hemorrhagic lesions or flat, velvety lesions not appearing as typical vesicles nor progressing to pustules.

V. Concept of Operations

The Comprehensive Emergency Management Plan (CEMP) outlines a general concept of operations for a disaster or emergency. Smallpox, however, affects the actions of medical and official responders in two ways. On the one hand, there will be increased need for public safety and medical services; and on the other hand, those best trained to respond will be as vulnerable to illness and absenteeism as the general population.

The State of Indiana has published the *Public Health Emergencies Reference Manual,* July 2002 edition, that outlines operations for an emergency or disaster. Section 8, Pages 8-1 through 8-21, address smallpox issues in various settings and circumstances. Also, CDC's *Smallpox Response Plan and Guidelines*, draft 3.0, 9/21/02, is relied upon heavily for planning. *Annex 3*, *Smallpox Vaccination Clinic Guide* is very comprehensive and serves as the foundation of this document.

In the event of a smallpox outbreak in Indiana or elsewhere in the world, local health department (LHD) personnel and other available resources will need to deploy rapidly. This rapid mobilization is critical to implement ring vaccination activities. Following a confirmed smallpox case in Indiana, rapid voluntary vaccination of a large population will be required. Activities will need to be focused on surveillance, containment, protecting the at-risk population, and providing large-scale voluntary vaccination clinic operations. The goal of this plan is that, if necessary, Indiana's entire population could be vaccinated within ten (10) days of the decision by the federal government to implement population-wide vaccination.

This plan is based on two key assumptions: 1) A suspected case of smallpox classified as high risk using the CDC's algorithm has a very high likelihood of being confirmed and, therefore, should be treated as a confirmed case until further information indicates otherwise. 2) In the event of a suspected case of smallpox in most jurisdictions in Indiana, the LHD staff will need to rapidly mobilize all of its resources for vaccination activities designed to contain the spread of the disease (i.e., "ring" vaccination). Therefore, the ISDH will need to assume the responsibility of investigation and surveillance almost immediately upon notification.

However, this does not mean that the LHD has no place in the surveillance for and investigation of smallpox. Some LHDs in Indiana may have the necessary resources to develop their own investigation teams. These LHDs are encouraged to adopt the organizational model, task matrix, and standard operating procedures (SOP) described in this element. If a LHD decides to develop its own investigation team, that LHD should inform the ISDH of this fact so that the team can access the training resources of the ISDH teams. Also, LHDs in counties that have not yet been directly affected by the smallpox outbreak will still be expected to direct active surveillance in their county for new smallpox cases.

Administration

Mitigation

✓	TASK	RESOURCE
	Perform monthly review of plan for completeness.	• Smallpox Advisory Group • ISDH Public Health Preparedness and Emergency Response (PHP&ER) Director
	Meet weekly until all plan preparation is complete.	• Smallpox Advisory Group
	Exercise all aspects of the Smallpox Epidemiology Response Plan at least every two years.	• ISDH Epidemiology Resource Center Surveillance/Investigation Unit (ERC S/I Unit) • Smallpox Investigation Teams

Administration

Preparedness

✓	TASK	RESOURCE
	Establish Executive Coordination Committee.	• Indiana State Health Commissioner
	Identify Resource needs.	• ISDH PHP&ER
	Develop MOUs for resources not owned.	• ISDH PHP&ER • SEMA
	Develop and write Command & Control Procedures.	• ISDH PHP&ER • SEMA
	Identify Emergency personnel needs.	• ISDH PHP&ER
	Train Emergency personnel on tasks.	• ISDH PHP&ER
	Identify Security needs.	• ESF Law Enforcement • ISDH PHP&ER • SEMA
	Train Security personnel on tasks.	• ESF Law Enforcement • ISDH PHP&ER • SEMA
	Train identified personnel on their respective tasks.	• All agencies
	Develop and write Communications Procedures.	• ISDH Office of Public Affairs (OPA) • Joint Information Center
	Develop and write Isolation and Hold-in-place Procedures.	• ISDH Office of Legal Affairs (OLA) • C-TASC • SEMA • Indiana Hospital & Health Association (IHHA)
	Conduct tabletop and full-scale exercises and drills.	• All agencies

Administration

Response

✓	TASK	RESOURCE
	Receive notification of a high-risk smallpox case from CDC or from another reputable source.	• Indiana State Epidemiologist
	Implement plan.	• Governor • Indiana State Health Commissioner
	Conduct surveillance and epidemiological investigation.	• See Surveillance and Epidemiology Element
	Contact CDC for National Pharmaceutical Stockpile (NPS) and vaccine. (Refer to Indiana NPS Plan.)	• Indiana State Health Commissioner • ISDH PHP&ER Coordinator • ISDH PHP&ER Director
	Conduct vaccination according to Plan.	• See Vaccination Element
	Implement Communications Plan.	• See Communications Plan
	Ensure appropriate coordination among plan elements.	• ISDH PHP&ER Director
	Provide at least daily situation briefings.	• Indiana State Health Commissioner • ISDH all participating units

Administration

Recovery

✓	TASK	RESOURCE
	Conduct debriefings and After Action Reports.	• All agencies
	Generate a report of activities during outbreak response.	• All agencies
	Collect agency reports and generate overall state report.	• ISDH
	Collect and submit documentation to ISDH and SEMA of all costs of outbreak response, including salaries, supplies, etc.	• All agencies
	Summarize and calculate all costs based on submitted documentation.	• ISDH PHP&ER Division • SEMA
	Submit documentation for reimbursement of costs to FEMA.	• ISDH PHP&ER Director • SEMA Director
	Establish Steering Committee for Economic Recovery.	• Governor • C-TASC • Indiana Department of Commerce

Surveillance and Epidemiology Element

Mitigation

✓	TASK	RESOURCE
	Develop, implement, and evaluate a system for the surveillance of rash illness in hospital emergency departments.	• ISDH Epidemiology Resource Center Surveillance/Investigation Unit (ERC S/I Unit) • IHHA • Hospitals • Medical Management Committee of the ISDH Smallpox Advisory Group • Local Health Departments (LHD)
	Develop and offer training to public health and medical personnel throughout Indiana in the use of the CDC's "Evaluating Patients for Smallpox" algorithm.	• ISDH ERC S/I Unit • Indiana State Medical Association (ISMA)
	Offer vaccination to appropriate ISDH and LHD epidemiology and surveillance staff who will likely be called upon to respond to a smallpox outbreak.	• ISDH Immunization Program

Surveillance and Epidemiology Element

Preparedness

✓	TASK	RESOURCE
	Develop checklist for calls regarding smallpox for inclusion in after-hours response book. Ensure that duty officer book includes this checklist.	• ISDH ERC S/I Unit • ISDH Duty Officer Coordinator
	Organize appropriate ISDH and LHD staff into at least 10 smallpox investigation teams.	• ISDH ERC S/I Unit • LHDs
	Organize appropriate ISDH staff and external consultants into a smallpox consultation team to assist physicians in the evaluation and diagnosis of suspected cases of smallpox. (See Medical Management element.)	• ISDH ERC S/I Unit • ISMA • Indiana University School of Medicine
	Ensure ISDH Laboratories have capability to analyze specimens for varicella by PCR methodology.	• ISDH Laboratories
	Assist hospital laboratories to ensure they are properly prepared for collection and transportation of suspected smallpox specimens.	• ISDH Laboratories
	Develop SOPs for the consultation team. (See Medical Management element.)	• ISDH ERC S/I Unit • ISDH Smallpox Consultation Team
	Develop SOPs for case investigation.	• ISDH ERC S/I Unit • Smallpox Investigation Teams
	Develop SOPs for contact tracing.	• ISDH ERC S/I Unit • Smallpox Investigation Teams
	Develop SOPs for active surveillance.	• ISDH ERC S/I Unit • LHDs
	Develop SOPs for public information.	• ISDH ERC S/I Unit • ISDH Office of Public Affairs • LHDs
	Develop SOPs for contact monitoring.	• ISDH ERC S/I Unit • Smallpox Investigation Teams
	Develop SOPs for data processing.	• ISDH ERC S/I Unit
	Develop SOPs for notification and communication with LHDs and hospitals.	• ISDH ERC S/I Unit • Hospitals • LHDs
	Develop plan to coordinate activities and for complementary SOPs.	• ISDH ERC S/I Unit • ISDH Immunization Program

Surveillance and Epidemiology Element

✓	TASK	RESOURCE
	Ensure sufficient method of communication (cell phones, satellite phones, etc.) is available for all teams.	• ISDH ERC S/I Unit • ISDH PHP&ER Division
	Review all SOPs and forms every six (6) months and update as needed.	• ISDH ERC S/I Unit
	Develop SOPs for mobilization of investigation teams, including call-up lists and other procedures.	• ISDH ERC S/I Unit
	Review team call-up list on a bimonthly basis to ensure information is current.	• Smallpox Investigation Team Leader
	Exercise mobilization SOPs and call list at least every six (6) months.	• Smallpox Investigation Teams
	Provide training to ISDH and LHD staff on smallpox case investigation, contact tracing, and contact monitoring.	• ISDH ERC S/I Unit
	Provide training to ISDH consultation teams on smallpox diagnosis.	• ISDH ERC S/I Unit
	Designate at least two backup individuals for all key positions.	• ISDH ERC S/I Unit
	Ensure that appropriate personal protective equipment (PPE) is available and appropriately fitted to responder personnel, and that these personnel are trained in the use of this equipment.	• ISDH ERC S/I Unit • Hospitals • LHDs • SEMA
	Develop and implement a system of monitoring equipment and supply inventories to ensure integrity and replace expired items.	• ISDH ERC S/I Unit • Hospitals • LHDs
	Develop and provide logbooks for all team members to assure that a record is made of communications with state and local responders.	• ISDH ERC S/I Unit

Indiana Smallpox Response Plan

Surveillance and Epidemiology Element

Response

✓	TASK	RESOURCE
	Provide technical assistance and consultation to physicians and LHDs evaluating suspected cases of smallpox. (see Consultation Team SOPs.)	• ISDH Smallpox Consultation Team
	Notify Indiana State Health Commissioner and State Epidemiologist of high-risk cases of suspected smallpox. (see Consultation Team SOPs.)	• ISDH Smallpox Consultation Team
	In the event of a high-risk or confirmed cases found anywhere but in Indiana:	
	Warn investigation teams of possible activation.	• ISDH ERC S/I Unit Director
	Initiate active surveillance at all hospitals for additional cases. (see Active Surveillance SOPs.)	• ISDH Smallpox Epidemiologist • LHDs • Hospitals
	Notify all Indiana LHDs, hospitals, physicians, and emergency departments to increase the level of awareness. (See Notification and Communication SOPs.)	• ISDH ERC S/I Unit Director
	Notify SEMA of situation.	• ISDH PHP&ER Director
	In the event of a high-risk or confirmed case found in Indiana:	
	Notify CDC of suspected case. (See Notification and Communication SOPs.)	• Indiana State Epidemiologist
	Notify SEMA of situation and recommend activation of EOC and implementation of the Terrorism Consequence Management element of the CEMP. (See Notification and Communication SOPs.)	• ISDH PHP&ER Director
	Notify all Indiana LHDs to increase the level of awareness. (See Notification and Communication SOPs.)	• ISDH ERC S/I Unit Director
	Notify FBI of suspected case. (See Notification and Communication SOPs.)	• Indiana State Health Commissioner
	Notify Governor of developing situation. (See Notification and Communication SOPs.)	• Indiana State Health Commissioner
	Advise the Governor regarding disaster declarations, either statewide or on a county-by-county basis.	• Indiana State Health Commissioner

Surveillance and Epidemiology Element

✓	TASK	RESOURCE
	Activate and mobilize investigation team.	• ISDH ERC S/I Unit Director
	Ensure collection and submission to CDC of appropriate diagnostic specimens.	• Smallpox Investigation Teams • ISDH Laboratories
	Initiate active surveillance at all hospitals for additional cases. (See Active Surveillance SOPs.)	• ISDH ERC S/I Unit Director • LHDs • Hospitals
	Notify Immunization Director of case location and initial data so that vaccination assets can be mobilized. (See Post-Event Vaccination Plan.) (See Notification and Communication SOPs.)	• ISDH ERC S/I Unit Director
	Notify LHD of affected county and surrounding counties, and initiate ongoing information exchange. (See Notification and Communication SOPs.)	• ISDH ERC S/I Unit Director • LHDs
	Begin full case investigation. (see Case Investigation SOPs.)	• Smallpox Investigation Teams
	Follow up and establish outcome of each confirmed case.	• Smallpox Investigation Teams
	Begin contact tracing. (see Contact Tracing SOPs.)	• Smallpox Investigation Teams
	Coordinate contact tracing with Immunization teams. (see Contact Tracing SOPs.)	• Smallpox Investigation Teams • Local or ISDH Field Immunization Teams
	Coordinate contact tracing with adjoining states. (See Contact Tracing SOPs.)	• ISDH ERC S/I Unit
	Assist ISDH Office of Public Affairs in preparation of press briefing and subsequent news releases and health alerts to local responders, as well as information for health care providers.	• ISDH ERC S/I Unit Director
	Begin contact monitoring. (see Contact Monitoring SOPs.)	• Smallpox Investigation Teams
	As number of cases increases:	
	Activate and mobilize additional investigation teams as needed.	• ISDH ERC S/I Unit Director
	Continually update Immunization Program Director and LHDs regarding extent of contacts and possible exposure sources, to allow for vaccination of these individuals.	• Smallpox Investigation Teams • ISDH ERC S/I Unit Director
	Consider linking investigation teams with local or ISDH field vaccination teams.	• ISDH ERC S/I Unit Director

Surveillance and Epidemiology Element

✓	TASK	RESOURCE
	Based on the volume of cases being received, decide whether to begin using limited case investigation.	• Indiana State Epidemiologist • ISDH ERC S/I Unit Director • Smallpox Investigation Teams
	Coordinate with SEMA for necessary resources from other ESFs.	• ISDH PHP&ER
	Provide public information officer with case totals at least twice daily, as well as other key items of information. (see Public Information SOPs.)	• Smallpox Investigation Teams • ISDH ERC S/I Unit Director
	Develop summaries twice daily of activity for dissemination to the public. (See Public Information SOPs.)	• ISDH Public Information Officer
	Press briefings conducted twice daily. (See Public Information SOPs.)	• Indiana State Health Commissioner • ISDH Public Information Officer • Indiana State Epidemiologist

Indiana Smallpox Response Plan

Surveillance and Epidemiology Element

Recovery

✓	TASK	RESOURCE
	Collect all forms, notes, and other documentation from investigation teams.	• ISDH ERC S/I Unit Director
	Ensure all data have been entered into suitable database.	• ISDH ERC S/I Unit
	Analyze and summarize case data to describe the epidemiology of the outbreak.	• ISDH ERC S/I Unit
	Conduct after-action reviews in affected jurisdictions and on a statewide basis to determine lessons learned and generate improvements to planning and response.	• ISDH all participating units • LHDs • Hospitals • IHHA • ISMA • SEMA
	Create final report of the outbreak.	• ISDH ERC S/I Unit

Vaccinating Element

Mitigation

✓	TASK	RESOURCE
	Inform selected staff from ISDH and local health departments (LHD) of the job responsibilities of smallpox vaccinators, the contraindications for smallpox vaccine administration, and liability protection for vaccinators.	• Indiana State Health Commissioner • ISDH Immunization Director • ISDH Public Health Preparedness & Emergency Response (PHP&ER) Director
	Prepare a list of selected staff from ISDH and LHDs who state their intention to serve as smallpox vaccinators.	• ISDH Immunization Director
	Select from the above listing, staff from ISDH and LHDs to attend Train the Trainers session for vaccination.	• ISDH
	Attend the Train the Trainers for vaccine administration.	• ISDH and LHDs designated trainers
	Develop plan to pre-vaccinate individuals identified to work at designated vaccination sites and to conduct field investigations within three days of first case.	• ISDH trained vaccinators
	Review ISDH Mass Prophylaxis Guide for any needed updates related to smallpox vaccination.	• ISDH Immunization Director • ISDH Communicable Disease staff
	Review NPS plan for applicability to receipt, security, and distribution of vaccine.	• ISDH NPS Coordinator

Vaccinating Element

Preparedness

✓	TASK	RESOURCE
	Promote collaboration among jurisdictions.	• ISDH with LHD Districts
	Conduct regional sessions to train individuals who will perform vaccinations.	• ISDH Immunization Program
	Identify the number and location of vaccination sites for each district.	• ISDH Immunization Director • ISDH NPS Coordinator • LHDs
	Identify individuals responsible for providing vaccinations at each site.	• ISDH Immunization Director • LHDs
	Develop job description for each clinic function.	• ISDH Immunization Director • ISDH NPS Coordinator • ISDH PHP&ER Director
	Develop SOPs for the operation of the sites.	• ISDH Immunization Program • SEMA
	Develop materials list for clinics.	• ISDH Immunization Program
	Develop system for reporting vaccine administration.	• ISDH Immunization Director
	Develop SOPs for the vaccination procedure.	• ISDH Immunization Program
	Develop procedure to monitor progress of vaccination throughout Indiana.	• ISDH Immunization Director • ISDH Information Services and Policy Commission
	Develop procedures to send and receive materials at the clinic sites.	• ISDH NPS Coordinator • SEMA Operations
	Arrange for a minimum of 10 teams of vaccinators and field investigation staff to be immunized during the proposed "Pre-event" vaccination opportunity.	• ISDH Immunization Director

Vaccinating Element

✓	TASK	RESOURCE
	Work with ISDH medical management committee to identify Indiana physician specialists in allergy/immunology, dermatology, neurology, and ophthalmology who can consult on vaccine adverse events.	• ISDH Immunization Program
	Develop a plan for potentially exposed persons who refuse vaccination.	• ISDH PHP&ER Division

Vaccinating Element

Response

✓	TASK	RESOURCE
	Alert all identified individuals about activating the vaccination program.	• ISDH PHP&ER Director • ISDH Office of Public Affairs • SEMA • C-TASC
	Obtain materials and vaccine for the state.	• ISDH PHP&ER Director • ISDH NPS Coordinator • SEMA Operations • C-TASC
	Deliver materials and vaccine to districts for distribution to vaccination sites.	• ISDH NPS Coordinator • SEMA Operations
	Provide additional training and consultation as needed to districts and clinic personnel.	• ISDH Immunization Program • SEMA
	Monitor vaccine "takes".	• ISDH Immunization Program
	Monitor vaccine adverse events.	• ISDH Immunization Program
	Monitor progress of vaccine administration.	• ISDH Immunization Program
	Communicate twice daily progress of vaccine administration to communication center.	• ISDH Immunization Program • ISDH Office of Public Affairs

Vaccinating Element

Recovery

✓	TASK	RESOURCE
	Collect all documentation from clinical operations.	• Clinic administrator
	Enter any remaining data.	• Clinic/County
	Analyze data.	• ISDH Epidemiology Resource Center Surveillance/Investigation Unit (ERC S/I Unit) • ISDH ERC
	Prepare "accountability report" on vaccine used, vaccine remaining on hand, and plans for returning or storing unused vaccine.	• ISDH Immunization Director • ISDH NPS Coordinator • ISDH ERC S/I Unit
	Create and publish reports.	• ISDH Immunization Program
	Create "final" report summary of events.	• ISDH PHP&ER Division
	Calculate all costs (tangible/intangible).	• Clinic site/County
	Submit documentation for reimbursement to FEMA.	• ISDH Finance

Medical Management Element

Mitigation

✓	TASK	RESOURCE
	Encourage hospitals to identify personnel to receive pre-event vaccination to assure a minimum of 10 Smallpox Health Care Response Teams (HCRT).	• IHHA • ISDH Smallpox MMC

Indiana Smallpox Response Plan

Medical Management Element

Preparedness

✓	TASK	RESOURCE
	Identify ISDH personnel to staff the Medical Management Committee (MMC) of the Smallpox Advisory Group.	• Indiana State Health Commissioner
	Identify ISDH personnel to receive reassignment during an outbreak of smallpox to assist with hotline assignments per CDC guidance.	• Indiana State Health Commissioner • ISDH Public Health Preparedness and Emergency Response (PHP&ER) Director
	Identify physicians to serve as in-state consultants in allergy/immunology, dermatology, infectious disease, neurology, ophthalmology, and pediatrics per CDC guidance.	• Indiana State Health Commissioner • IU Medical Center Departments • ISDH Smallpox MMC members
	Monitor opportunities for laboratory trainings specific to smallpox differential diagnostic procedures.	• ISDH Laboratories
	Discuss with Indiana Poison Center staff mechanisms of cooperation with ISDH during a smallpox outbreak.	• ISDH PHP&ER Director • ISDH Smallpox MMC
	Identify Web sites in addition to Indiana State Medical Association (ISMA) that might be appropriate for posting smallpox information for health care providers.	• ISDH Smallpox MMC
	Train ISDH personnel who will staff a hotline available to health care providers during a smallpox outbreak per CDC guidance.	• ISDH Office of Public Affairs (OPA) • Indiana Poison Center
	Help plan district-based pre-event immunizations of staff for at least 10 Smallpox Health Care Response Teams (HCRT).	• ISDH Smallpox MMC • ISDH Immunization Program • IHHA
	Develop agreements for standing orders for laboratory supplies relevant to smallpox differential diagnostic procedures.	• ISDH Laboratories
	Create Standard Operating Procedures (SOP) for ISDH staff who will interact with the specialist physicians serving as consultants during a smallpox outbreak. (See Surveillance and Epidemiology Element.)	• ISDH Smallpox MMC • ISDH Smallpox Consultation Team
	Work with partner agencies to develop statewide mass casualty plan.	• ISDH PHP&ER Division • SEMA
	Work with partner agencies to develop statewide mass fatality plan.	• ISDH PHP&ER Division • SEMA

Medical Management Element

✓	TASK	RESOURCE
	Conduct informational sessions for state governmental agencies about the medical care needed for smallpox.	• ISDH Smallpox MMC • ISDH Smallpox Consultation Team
	Conduct informational sessions about the medical care aspects related to smallpox for LHDs.	• ISDH Smallpox MMC • ISDH Smallpox Consultation Team
	Finalize and distribute the Pre-Event Checklist for LHDs.	• ISDH internal smallpox planning group
	Promote use of the CDC algorithm for evaluation of patients presenting with pustular/vesicular rash.	• ISDH Smallpox MMC • IHHA • ISMA • state physician specialty societies • Indiana State Nurses Association • Indiana Primary Health Care Association
	Encourage development of rash protocols for earlier stages of smallpox presentation for use in waiting rooms of health care facilities.	• ISDH Smallpox MMC
	Design algorithms: 1) a decision-making tree for health care workers contemplating smallpox pre-event vaccination, and 2) a guide for determining which post-vaccination adverse events require VIG.	• ISDH Smallpox MMC
	Design materials useful for training EMS/EMT on the appropriate precautions and personal protective equipment during evaluation and transport of suspected smallpox patients.	• ISDH Smallpox MMC • SEMA • Local EMS
	Assist ISDH in the development of a rapid Health Alert Network (HAN) system for Indiana health care providers.	• ISDH Information Services and Policy Commission (ISPC) • ISDH Smallpox MMC
	Test rapid HAN system to health care providers.	• ISDH ISPC • ISDH Smallpox MMC
	Assist in the development of the pre-event smallpox vaccination plan.	• ISDH Smallpox MMC • ISDH Immunization Program
	Review reports on adverse events and any requests for VIG during the pre-event vaccinations.	• ISDH Smallpox MMC • ISDH Immunization Program
	Review ISMA Web posting on smallpox for updates as CDC guidance is further developed.	• ISDH Smallpox MMC

Medical Management Element

✓	TASK	RESOURCE
	Create Web posting for other Web sites frequented by health care providers.	• ISDH Smallpox MMC • Health care professional societies
	Evaluate smallpox medical management resources for possible distribution to Indiana providers (journal articles, satellite conferences, etc.).	• ISDH Smallpox MMC
	Monitor response of CDC to recommendations from the Association for Professionals in Infection Control and Epidemiology (APIC) for changes in Guides C and F of the CDC Smallpox Response Plan and Guidelines Version 3.	• ISDH Smallpox MMC • Indiana State APIC

Medical Management Element

Response

✓	TASK	RESOURCE
	Activate alerts to physician specialists, health care professional societies, and government partners.	• ISDH Smallpox MMC
	Assist in arranging shifts for hotline coverage as need arises for medical expertise.	• ISDH Smallpox MMC
	Maintain supplies for smallpox differential diagnostic tests.	• ISDH Laboratories
	Provide clinical laboratories with updated information on submission of smallpox-related clinical submissions for "Rule-in" and "Confirmation" work on clinical specimens.	• ISDH Laboratories
	Secure updates from Indiana Smallpox Health Care Response Teams.	• ISDH Smallpox MMC
	Assist with plans for immunizations in health care facilities.	• ISDH Smallpox MMC • ISDH Immunization Program
	Provide updated information to health care providers on use of antivirals as CDC data become available with appropriate explanation of the need for Investigational New Drug (IND) protocol.	• ISDH Smallpox MMC
	Review requests for VIG.	• ISDH Smallpox MMC
	Provide updates to ISDH EOC staff on medical care for smallpox patients.	• ISDH Smallpox MMC

Indiana Smallpox Response Plan

Medical Management Element

Recovery

✓	TASK	RESOURCE
	Restore medical management-related materials and supplies.	• ISDH Smallpox MMC • ISDH Laboratories
	Secure reports from health care providers.	• ISDH Smallpox MMC • IHHA • Indiana Primary Health Care Association • ISMA
	Prepare After Action Reports.	• ISDH Smallpox MMC • ISDH Laboratories
	Review AARs and recommend modifications to response plans as needed.	• ISDH Smallpox MMC • ISDH Laboratories

Abbreviations

APIC - Association of Practitioners in Infection Control
C-TASC - Counter Terrorism and Security Council
CDC - federal Centers for Disease Control and Prevention
CEMP - Comprehensive Emergency Response Plan
EOC - Emergency Operations Center
ERC - Epidemiology Resource Center
ESF - Emergency Support Function
FEMA - Federal Emergency Management Agency
HAN - Health Alert Network
IHHA - Indiana Hospital&Health Association
ISDH - Indiana State Department of Health
ISPC - Information Services and Policy Commission
LHD - Local Health Departments
MMC - Medical Management Committee
OLA - Office of Legal Affairs
OPA - Office of Public Affairs
PHP&ER - Public Health Preparedness and Emergency Response
PPE - Personal Protective Equipment
SEMA - State Emergency Management Agency
SOP - Standard Operating Procedures
S/I Unit - Surveillance/Investigation Unit